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FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 857154 (9)
 1. Corporation Name
TELXON CORPORATION



Principal Place of Business
3330 WEST MARKET STREET AKRON OH 44333

Mailing Address
3330 WEST MARKET STREET AKRON OH 44333-3306

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/19/1983	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 74-1666060	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-appointing) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERSON, ROBERT F.(CHMN)		1.2 NAME		
STREET ADDRESS	3330 W. MARKET STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH		1.4 CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	President, CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, WILLIAM		2.2 NAME	Frank E. Brick	
STREET ADDRESS	3330 W. MARKET STREET		2.3 STREET ADDRESS	3330 W. Market Street	
CITY-ST-ZIP	AKRON OH		2.4 CITY-ST-ZIP	Akron OH 44333	
TITLE	TCFO	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYER, KENNETH N		3.2 NAME		
STREET ADDRESS	3330 W. MARKET STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH		3.4 CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR, TAXATION	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPTON, RUSSELL		4.2 NAME		
STREET ADDRESS	3330 W MARKET STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH		4.4 CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Corporate Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GABRILL, GERALD J.		5.2 NAME	Gary L. Grand	
STREET ADDRESS	3330 W. MARKET STREET		5.3 STREET ADDRESS	3330 W. Market Street	
CITY-ST-ZIP	AKRON OH		5.4 CITY-ST-ZIP	Akron OH 44333	
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, ROBERT A.		6.2 NAME		
STREET ADDRESS	3330 W. MARKET STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	AKRON OH		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Russell D. Compton* 4/25/97 330 664 5005

CR2E034 (9/96)